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ABSTRACT

The purpose of this report is to serve as a guide for dental hygiene education program development, and to serve as a stimulus for improving established programs. The first section of the report discusses the function of the Council on Dental Education and the trends in hygiene program development. In section II the requirements for an accredited program in dental hygiene education are reproduced. All dental hygiene programs must meet those standards. The section "Guidelines for Interpretation of Requirements for an Accredited Program in Dental Hygiene Education" includes information for planning a program that will meet minimum accreditation standards, as well as recommendations for developing a program that exceeds minimum standards. The last section describes the Council's accreditation responsibility and defines accreditation terminology and classification. (AF)

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REQUIREMENTS AND GUIDELINES FOR DENTAL HYGIENE EDUCATION PROGRAMS

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REQUIREMENTS AND GUIDELINES FOR DENTAL HYGIENE EDUCATION PROGRAMS

American Dental Association
Council on Dental Education

January, 1971

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INTRODUCTION

"Requirements and Guidelines for Dental Hygiene Education Programs" has several functions. First, it is a guide for dental hygiene education program development; second, it serves as a stimulus for improving established programs. And, it serves as a standard in evaluating new and established programs.

It is essential that all dental hygiene programs meet the standards described in "Requirements for an Accredited Program in Dental Hygiene Education", approved by the House of Delegates of the American Dental Association. The Council on Dental Education recognizes the importance of educational freedom and encourages innovation in teaching within the broad concepts described in the "Requirements".

The section, "Guidelines for Interpretation of Requirements for an Accredited Program in Dental Hygiene Education" includes more specific information for use in planning a program which will meet accreditation standards. In addition to interpreting minimal standards, "Guidelines" include recommendations for use in developing a program that exceeds minimal standards.

In the section, "Accreditation Terminology and Classifications", the Council's accreditation responsibility is described and terms are defined. Attention is called to the policy requiring that dental hygiene programs attain "accreditation eligible" status prior to enrolling the first class.

Historic Background: The provision of dental health care for all people is the primary concern of dentistry. To provide care qualified personnel is needed. Qualification requires education. If these premises are accepted then it is reasonable that dentistry has an abiding and sincere interest in self education and in the education of its auxiliaries. The American Dental Association accepts and reflects this philosophy through its Council on Dental Education.

The Council on Dental Education is the agency of the Association directly concerned with dental and dental auxiliary education. In dental hygiene, specific responsibilities of the Council include (1) formulating educational requirements for approval by the House of Delegates of the American Dental Association, (2) providing guidelines for development of educational programs, (3) accrediting educational programs, (4) studying and reporting experimental programs designed to determine the feasibility of extending dental auxiliary functions, and (5) maintaining auxiliary manpower statistics in cooperation with the Association's Bureau of Economic Research and Statistics.

In carrying out these responsibilit_es, the Council works in close cooperation with other interested agencies including the American Dental Hygienists' Association, the American Association of Dental Examiners, the Dental Hygiene Education Section of the American Association of Dental Schools, and the United States Public Health Service.

The first national workshop on dental hygiene education, sponsored jointly by the Council on Dental Education and American Dental Hygienists' Association, in 1949 produced definitions of dental hygiene and functions of a dental hygienist. During the second workshop for dental hygiene educators in 1951, guidelines for planning and developing dental hygiene education programs were formulated. From 1951 to date, five national workshops for dental hygiene educators have been sponsored by the Council on Dental Education and American Dental Hygienists' Association. In addition, education and utilization of dental hygienists have been discussion topics in annual workshops and conferences for dental educators, dental examiners and dental practitioners. The requirements for dental hygiene education and guidelines for their interpretation reflect philosophies and standards developed and expressed by participants in these workshops and conferences.

Following the 1951 Workshop on Dental Hygiene Education, education programs were visited for accreditation. The increase from 26 accredited dental hygiene programs in 1951 to 86 accredited programs in 1970 is impressive. More importantly, it reflects the sensitivity of the dental profession and of educational institutions to the needs of society and to the existing and potential contribution of dental hygienists in providing dental health services. Trends in dental hygiene program development are depicted in the following table.

DENTAL HYGIENE EDUCATION PROGRAMS

Accreditation Status	1951	1956	1961	1966	1970
Full Approval	26	29	32	51	71
Provisional Approval		2	2	3	15
Total Number Accredited Programs	26	31	34	54	86
Accreditation Eligible					22
Accreditation Status Not Determined		3	9	4	15
*Total Operational Programs	26	34	43	58	123

*Operational programs are those with students enrolled.

Minimum education required for dental hygiene licensure and practice is completion of two academic years of college study in an accredited dental hygiene program. In addition to certificate and associate degree two-year curriculums, basic dental hygiene education is offered in bachelor's degree programs. All curriculums which provide basic preparation for dental hygiene licensure and practice fall within the accreditation purview of the Council on Dental Education. "Requirements for an Accredited Program in Dental Hygiene Education" defines minimum standards for all curriculums which provide basic dental hygiene education.

In addition to offering curriculums which prepare graduates for dental hygiene licensure and practice some four-year colleges and universities offer bachelor's curriculums for graduates of certificate and associate degree dental hygiene programs, and master's degree curriculums for dental hygienists who have earned a bachelor's degree.

Major objectives of dental hygiene education were developed in the 1967 Workshop on Dental Hygiene Education, and subsequently endorsed by the Council on Dental Education and House of Delegates of the American Dental Hygienists' Association. These objectives are reflected in the "Guidelines for Interpretation of Requirements for an Accredited Program in Dental Hygiene Education."

REQUIREMENTS FOR AN ACCREDITED PROGRAM IN DENTAL HYGIENE EDUCATION
(As approved by the House of Delegates, Nov., 1965)

Statement of General Policy: It is the responsibility of the Council on Dental Education to administer the following principles and requirements. Although the primary purpose of the Council is accreditation, in fulfilling this function it will undertake to aid institutions in strengthening their educational programs. The final appraisal of each program in dental hygiene education will be determined in the light of its total educational effort.

The Council will expect an accredited program in dental hygiene education to be established on a nonprofit basis, affiliated with or conducted by a dental school or other responsible institution of higher learning approved or eligible for approval by an accrediting agency recognized by the National Commission on Accrediting.

Developing programs in dental hygiene education will be evaluated only at the request of the parent institution. Institutions desiring accreditation will be asked at an early stage of development to provide the Council with detailed reports and basic information pertinent to organization and administration, physical plant, enrollment, library, admissions, curriculum, faculty and financial support for the proposed program. If the plan of operation appears to satisfy the Council's published requirements, an accreditation visit will be scheduled when the program is in full operation and prior to graduation of the initial class; and thereafter, at intervals determined by the Council.

The Council publishes a periodic listing of accredited programs in dental hygiene education, classifying those programs in full operation as either approved or provisionally approved. Developing programs are eligible for preliminary provisional approval*. It is emphasized that both approved and provisionally approved programs satisfy minimum educational requirements of the Council. Provisional approval indicates certain correctable weaknesses or deficiencies which precluded full approval at the time of evaluation. Despite these weaknesses, however, the program was considered to fulfill minimum requirements for accreditation. Provisional approval will remain in effect until program weaknesses have been corrected and verified by an additional resurvey.

*At the time "Requirements" were approved "preliminary provisional approval" status was used for dental hygiene programs. Currently "accreditation eligible" status is used in lieu of "preliminary provisional approval".

Students graduated from provisionally approved programs in dental hygiene education are, in the opinion of the Council, eligible for state and National Board examinations.

Organization and Administration: A program in dental hygiene education should be a recognized department, division, school or college of the parent institution. In both structure and administration the program should be conducted in accordance with the general policies of the parent institution. In all instances, however, provision should be made in the dental hygiene education program for effective liaison with the dental profession.

A dental hygiene program administrator should have responsibility and authority equal to that accorded other administrators conducting comparable programs at the parent institution. The administrator or director of the program should have educational qualifications and experience in administration to understand and to implement the objectives of a program in dental hygiene education. The Council will expect to find the program's internal administration organized so that duties, functions and responsibilities of all staff members are clearly defined.

Physical Plant: The physical plant and equipment should be adequate to meet the requirements implied in the institution's objectives. Examination of the physical plant and equipment will include consideration of buildings, classrooms, teaching and research laboratories, clinics, and their equipment; ventilation, heating, lighting, cleanliness and other features which contribute to effective functioning.

The number of students enrolled in a dental hygiene education program should be in keeping with its physical facilities, its faculty and administrative personnel. The Council will regard overcrowding in any class or in the institution as a whole as a factor operating against the attainment of sound objectives.

Library: The library facility may be maintained separately or in connection with the library of the parent institution. It should be generously supported and efficiently administered. The collection should have up-to-date reference texts on dentistry, dental hygiene, allied health sciences and related areas of physical science, biological science and liberal arts. The periodical

section should include recognized dental and dental hygiene publications and those of various allied health fields. Current health pamphlets, brochures, guides and teaching aids should be available.

Admission: Minimum admission requirements include completion of a four-year high school college preparatory course (or its equivalent) which permits entrance to an accredited college of liberal arts. The admissions committee will be expected to evaluate the high school and college record of the applicant from the standpoint of

scope and quality of scholarship, performance on standardized tests and other factors which may assist in final admission determination.

Curriculum: Education and training should prepare the dental hygienist for a role as a member of the dental health team. Even though the hygienist is responsible to the dentist and works under his direction, the services are professional in nature.

The Council believes that the curriculum for a dental hygiene education program should be appropriately balanced between liberal arts, the sciences and clinical dental hygiene; and should be designed to emphasize the interrelationships of these components. The curriculum should be structured to permit flexibility and to embody advances and changes in concepts pertinent to dental hygiene education. The curriculum should be predicated upon and related to the broad aims and purposes of dental hygiene education.

The achievement of the objectives of the program, without the establishment of uniformity, is encouraged. In the evaluation of a curriculum, reliance will not be placed upon arbitrary patterns, rigid standards or quantitative means of measurement alone. Curriculum experimentation is encouraged.

A minimum of two academic years is required for an accredited dental hygiene curriculum. Instruction leading to a certificate and/or degree in dental hygiene should prepare the graduate for competence in the field of dental hygiene. The Council recognizes the trend toward longer curriculums leading to the baccalaureate or higher degree. Degree programs, in the Council's view, will enable dental hygiene to develop appropriate research programs and better serve the public in education and dental public health.

An acceptable dental hygiene education program should include the following subject areas* as they relate to dental hygiene:

Anatomy (gross and microscopic)
Chemistry
Dental Materials
Embryology
Microbiology
Nutrition
Pathology
Pharmacology
Physiology
Radiology
Tooth Morphology

The following subject areas* also should be included in the dental hygiene education program:

Chairside Dental Assisting
Clinical Dental Hygiene
Dental Health Education
English (written and oral)
Ethics
History and Jurisprudence
Medical and Dental Emergencies
Orientation to Dental Practice and Office Procedures
Psychology
Public Health
Sociology

Program administrators should not interpret these subject areas as denoting or describing titles of specific courses in the dental hygiene curriculum.

Instruction within the dental hygiene curriculum should include lectures, seminars and conferences, laboratory experience and clinical practice under supervision. Thoroughness of accomplishment in the academic and laboratory requirements and competency in clinical skill will be definite factors in evaluation of the curriculum.

Faculty: The faculty of an education program in dental hygiene must be adequate in size for the number of students enrolled and shall include the services of a supervising dentist. The faculty should be well qualified in their specific areas of responsibility. Dental hygienists should be an integral part of the teaching staff.

It is expected that a nucleus of full-time faculty will be responsible for all phases of the preclinical and clinical instruction, although part-time teachers may be employed. All faculty members should be familiar with and have an understanding of the objectives of dental hygiene education. The Council will be concerned about the time available to the full-time faculty to continue their scholarly development.

*It is not intended that each subject area would necessarily constitute an individual course.

Level of Instruction: The Council will expect the curriculum for a dental hygiene certificate to be at a level comparable to the Associate degree programs offered by an accredited junior college or to the first two years of education offered in a baccalaureate program of study. It is expected that credits for a significant number of courses will be transferable toward a baccalaureate degree.

GUIDELINES FOR INTERPRETATION OF REQUIREMENTS
FOR AN ACCREDITED PROGRAM IN DENTAL HYGIENE EDUCATION

EDUCATIONAL SETTING

An acceptable setting for a dental hygiene education program is a not-for-profit institution of higher education, which is approved, or eligible for approval, by an agency recognized by the National Commission on Accrediting. If the institution has not attained accreditation by a regional agency of the National Commission on Accrediting it is expected that an application for such recognition is being processed, and that there is reasonable assurance that accreditation will be forthcoming.

Four-year colleges and universities and comprehensive two-year colleges which offer college parallel programs and basic science and liberal arts courses that are accepted for credit toward a baccalaureate degree, are considered appropriate settings for dental hygiene education programs. The educational institution's objectives should include the preparation of students for continued formal education, as well as preparation for careers in specific fields. Two-year colleges should have established articulation with four-year colleges and universities to provide opportunities for students to transfer credits.

COMMUNITY RESOURCES

The community served by the educational institution should offer adequate population, agency, professional and financial resources for the dental hygiene education program, and employment opportunities for graduates.

Resources of public and private agencies and institutions such as hospitals, nursing homes, schools or centers for the physically and mentally handicapped and a public health or community health center should be utilized for students' field experiences.

When the dental hygiene education program is not part of a dental school it is expected that general and specialty dental practitioners will participate actively in the program by providing instruction in dental sciences.

State and local financial support for program maintenance should assure its continued development. It is expected that annual appropriations

for the dental hygiene education program will be adequate to provide appropriate instructional resources.

ADMINISTRATION

Recognition: The dental hygiene program should be recognized as a department or division of the parent institution and the administrator should have authority, responsibility and privileges equal to those of other program administrators. It is expected that the administrator's authority will allow implementation of program objectives in accordance with standards for dental hygiene education.

The position of the dental hygiene program within the institutions' administrative structure should allow for direct communication between the program administrator and college or university administrators who are responsible for decisions that affect the program.

It is important that there be opportunities for dental hygiene faculty representation on institution-wide committees and that the program administrator be consulted when matters directly relating to the dental hygiene program are considered by committees that do not include dental hygiene faculty.

The program administrator should have responsibility for budget preparation, curriculum development and supervision and initial selection of program faculty. Appropriate authority should be delegated to the administrator to assure that these responsibilities can be carried-out.

Faculty Participation: Dental hygiene faculty should participate in making decisions which effect program operation. Regular faculty meetings should be held to coordinate faculty activities and provide for subject matter integration and consistent instruction and evaluation.

Periodically, dental hygiene faculty should meet with other faculty who teach dental hygiene students, to coordinate instruction and evaluate specific aspects of the curriculum.

Supportive Services: It is expected that the dental hygiene program will have secretarial and clerical staff to assume responsibility for maintaining patient and student records; preparing materials; such as course outlines and examinations; and provide supportive services for program administration and dental hygiene student admissions.

Services of the maintenance and custodial staffs should be adequate to assure appropriate maintenance of the dental hygiene clinic and radiography facilities, as well as usual facility maintenance.

Student counseling and testing services should be available for dental hygiene students.

Affiliations: The dental hygiene program administrator should be responsible for selecting agencies and institutions that will provide learning experiences to supplement those provided in the educational institution, and ultimately should be responsible for coordinating these experiences. It is expected that the program administrator will participate in selecting individuals who will instruct, supervise and evaluate students' extra-mural clinic experiences and field activities.

Liaison: Mechanisms for maintaining liaison between the dental hygiene program and the dental and dental hygiene professions should be effective. When the dental hygiene program is not part of a dental school an advisory committee should be utilized to serve as liaison with dentists and dental hygienists in the community. Advisory committee membership should include dental hygienists and dentists who are able to provide information on dental and dental hygiene practice, and interpret community dental health and dental hygiene manpower needs.

When the dental hygiene program is part of a dental school, it is expected that dentist faculty members from various departments who participate in the dental hygiene program serve in an advisory capacity.

It is expected that other departments in the dental school, will provide consultation and instruction to support the dental hygiene program. Periodontist faculty members can provide particularly significant contributions to the dental hygiene curriculum. There should be close cooperation between the department of periodontics and the dental hygiene program. It is expected that the oral diagnosis department and dental hygiene program will work cooperatively in screening and assigning patients for dental hygiene services.

BUDGET

The institution's financial resources should be adequate to assure continued support of the dental hygiene program at the level required to implement program objectives in accordance with those of the educational institution and standards for dental hygiene education. It is expected that the annual budget for the dental hygiene program will recognize the need to replace and add equipment, reference materials and teaching aids. Allocations for faculty salaries should assure that the program will be in a competitive position for retaining and recruiting faculty. Provisions for faculty travel should provide opportunities for professional development.

FACILITIES

The adequacy of the facilities designated for the dental hygiene program is evaluated in relation to the supporting institution facilities, and dental hygiene student enrollment.

Library: An adequate library includes a diversified collection of current reference books on dentistry, dental hygiene and related subjects. A representative collection of recognized dental science texts, such as those included in the library reference list provided by the American Dental Hygienists' Association, is considered essential.

Current and back issues of major dental, dental auxiliary and related scientific journals should be available for student and faculty reference. Evaluation of the adequacy of the journal references is based upon the diversity and quality of the periodicals. It is expected that the Index to Dental Literature will be available for student and faculty reference.

The library should be accessible. If the library is not located within reasonable distance of the dental hygiene program facilities a reading room and references on dentistry should be provided in the program facilities. It is expected that faculty will have immediate access to references that relate to their areas of instruction.

Budget provisions should be made for regular acquisition of current editions and new titles of books, and annual subscriptions to periodicals.

Administrative and Faculty Offices: Offices for the dental hygiene program administrator and faculty should be provided. In addition to a private office for the program administrator and private or semi-private offices for faculty members, there should be space for secretarial staff and storage of patient records. It is expected that the location and size of the offices will be conducive to productive use of staff and faculty time.

Classrooms: Classroom space should be provided for the dental hygiene program in, or adjacent to, the dental hygiene program facility. If classrooms are utilized by other programs, the dental hygiene program should have enough flexibility in their use to accommodate unique schedule demands imposed by the curriculum.

Laboratory: It is expected that a multi-purpose laboratory will be available for dental materials instruction. A science laboratory may be used for this, and other dental science instruction, if it is available readily and equipped adequately.

Laboratory equipment should include dental lathes, model trimmers, vibrators and additional equipment, as indicated for instruction in dental materials. The location of equipment should be conducive to efficient and safe use.

The number of student stations in the laboratory should be based upon the dental hygiene class enrollment. If the number of students in a class exceeds the number of clinic stations, it is expected that there will be sufficient flexibility in course scheduling to allow adequate time for instruction and practice. Each station should be equipped with compressed air, gas, adequate light and a stool.

Clinic: An adequate clinic facility includes an appropriate number of clinic stations, accessible handwashing sinks, space and equipment for sterilizing instruments and supplies, and storage space. The clinic capacity should provide for its use in preclinical technique instruction as well as clinical instruction. The number of clinic stations should be based upon the number of students admitted to a class. If the number of students in a class exceeds the number of clinic stations, it is expected that there will be sufficient flexibility in course scheduling to allow adequate time for preclinical and clinical instruction and practice, and that dental hygiene faculty will be supplemented to compensate for the increase in number of preclinical and clinical sessions. A clinic capacity equal to one-half the number of students in a class is considered minimal.

The area provided for each clinic station should accommodate functional modern equipment and allow sufficient operation from a sitting position, and instructor supervision. It is expected that units, chairs and support equipment will enable the application of current concepts of patient and operator positioning.

The location and design of handwashing sinks should be conducive to application of aseptic technique.

Storage space and sterilizing equipment should be in balance with the clinic capacity.

The sterilizing area should include space for preparing, sterilizing and storing instruments. Sterilizing equipment should be adequate to assure practice of currently accepted disease prevention procedures.

A completely equipped medical and dental emergency kit should be accessible.

The patient waiting area and lavoratory facilities should be located near the clinic.

Radiography Facilities: An adequate radiography teaching facility includes operatories for radiographic technique instruction and practice, a darkroom, an area for mounting and viewing radiographs, and accessible and safe storage space. The facility capacity should accommodate first and second year students for initial technique instruction and practice, and on-going practice with patients.

It is expected that the design and construction of x-ray operatories will provide maximum protection from x-radiation for students, personnel and patients.

Operatories should be large enough to be used for demonstration and supervised practice of techniques, and should be equipped with adequately filtered and collimated new model x-ray machines. Handwashing sinks should be located in, or adjacent to, the x-ray operatories.

The facility should be approved by the state public health agency responsible for radiological health, and the machines should be checked periodically.

It is expected that the darkroom design and equipment will provide for simultaneous use by several students. Processing tanks, film dryers and hanging racks should be adequate to assure that films will not be damaged or lost.

The x-ray mounting and viewing area should accommodate several students, and be equipped with viewboxes. Viewboxes also should be available in the clinic.

Locker Room: A locker room that will accommodate all students, and a lounge area should be available within the building housing the dental hygiene clinic. Space for changing and storing uniforms should be provided for faculty members.

Instructional Aids: Skeletal and anatomic replicas, slides, films and projection equipment should be available for instruction in the various courses. Auto-tutorial materials should be provided for students as they are available and appropriate.

The dental hygiene program should have priority equal to other programs in scheduling use of the institution's audio-visual equipment and personnel.

CURRICULUM

Length: The minimum acceptable length for a dental hygiene curriculum is two academic years.

Level of Instruction: The Council specifies that the level of a dental hygiene curriculum be at least equal to the first two years of baccalaureate degree study in four-year colleges or universities. The curriculum may be offered as an associate degree program in an accredited two-year college; or a certificate, associate degree, or baccalaureate degree program in a four-year college or university.

General education courses in associate degree and certificate programs should transfer to four-year colleges and universities for credit toward a baccalaureate degree. Subjects classified as "General Education" include: anatomy (gross and microscopic), chemistry, microbiology, nutrition, physiology, English, psychology, sociology and speech.

Other bio-medical and dental science courses should transfer for credit toward a post-certificate baccalaureate degree in dental hygiene. Subjects in this classification include: general and oral pathology, periodontology, pharmacology, public health, radiology, tooth morphology, and dental materials.

Articulation with post-certificate baccalaureate degree dental hygiene programs should be established to provide for maximum transfer of clinical and clinically related courses. Subjects in this classification include: chairside dental assisting; clinical dental hygiene; dental health education; ethics; history and jurisprudence; medical and dental emergencies and orientation to dental practice and office procedures.

Content: Curriculum content specified in "Requirements for an Accredited Program in Dental Hygiene Education" is considered minimal.

The approach to curriculum construction and course development should reflect the policies and educational philosophy of the parent institution. The Council recognizes trends in allied health education and encourages application of innovative approaches to curriculum planning and implementation in dental hygiene education.

Special liberal arts or general education courses should not be developed for dental hygiene students. For example dental hygiene students should be enrolled in standard psychology and sociology courses which are credited toward a baccalaureate degree.

Subject matter pertaining to the head and, particularly the oral cavity, and dental aspects of microbiology, nutrition and pharmacology, should supplement standard service courses in bio-medical sciences, such as anatomy, physiology and pathology. The chemistry content of the curriculum should include sufficient inorganic and organic chemistry, and bio-chemistry to provide background for bio-medical, dental and clinical sciences.

Dental and clinical subjects should include theoretical aspects of the subject as well as practical application. Periodontology should be an integral part of the curriculum.

It is not expected that the dental hygiene curriculum will include extensive instruction and practice in dental assisting procedures. However, dental hygiene students should be familiar with the dental assistant's responsibilities. This may be accomplished in a variety of ways including experience in working with a chairside assistant in clinical sessions.

Sequence: Course sequence should assure that students are exposed to general and supportive subjects such as chemistry, anatomy, physiology and English before subjects which require their application. Instruction in clinical procedures should begin early in the curriculum to allow maximum application of other subjects and provide sufficient practice to develop proficiency.

Planning and Development: The dental hygiene program faculty should be responsible for curriculum planning and development. Certificate or associate degree curriculum objectives should be defined to reflect the dental practice needs of the community and national standards of dental hygiene practice. In addition to meeting these objectives, baccalaureate degree curriculums should provide basic preparation for graduate education in areas such as public health, dental hygiene education or the basic sciences.

It is expected that clinical experience in the curriculum will be provided with the approval of the state board of dentistry.

Clinical Instruction and Practice: Basic preparation for, and proficiency development in, performing clinical procedures should be provided in the dental hygiene clinic. The number of faculty responsible for clinical teaching should be adequate to provide individual instruction during pre-clinical and patient care sessions.

Hospital and institution dental clinic facilities may provide valuable teaching resources in addition to those of the dental hygiene clinic. Students' clinical practice in facilities outside the educational institution should be planned, supervised and evaluated by dental hygiene faculty, in cooperation with qualified personnel in the hospital or institution. Instruction in these facilities should reflect the objectives and standards of the parent institution. While patient care is a recognized benefit of hospital and institution experience, the primary objective must be development of students' competency in clinical practice.

It is expected that measurement and evaluation of students' performance in clinical practice will reflect the process, as well as the end result, and that faculty will be adequate not only to evaluate students' performance thoroughly, but to provide individual instruction throughout clinic practice sessions.

The curriculum should include adequate time for students to develop proficiency in performing clinical dental hygiene procedures. Based upon experience it is suggested that first year students have at least six hours of clinical technique instruction and practice per week in the pre-clinical dental hygiene course. Current concepts of introducing instrumentation techniques and clinical procedures, such as practicing on fellow students, should be reflected in the preclinical courses. Clinical practice time for first year students should be increased to eight to twelve hours per week when students begin performing services for patients. Generally, each second-year student should have at least twelve hours of clinical practice experience per week in the dental hygiene clinic. Rotational assignments in adjunct clinics should be scheduled as additional time. It is expected that students' assignments to clerical and assisting duties which support the clinic operation will be minimal, and that these assignments will be productive learning experiences.

The fact that clinical practice experience is more effective when faculty-student ratios are exceptionally good, is recognized in evaluating the adequacy of preclinical and clinical instruction time.

Clinic Patients: The total number and type of patients for whom each student performs services should be adequate for development of proficiency in all clinical procedures. It is expected that students will have clinic experience with patients in all age ranges, but that no more than 25 per cent of the patients will be children and teenagers. The majority of patients should require application of the most difficult instrumentation techniques and have some manifestations of arrested or active periodontal disease. Quality, rather than quantity performance should be emphasized.

Patient assignment procedures should assure that each student will have adequate experience in performing all clinical techniques, and a sufficient number of patients who require subgingival instrumentation.

It is expected that patients will be screened properly for assignment to dental hygiene students, and that clinical procedures will include assessment of each patient's systemic and oral health before other services are provided.

Extra-mural Clinical Experience: Clinical experiences gained in extra-mural facilities can be valuable if they are unique types of experiences not provided in the dental hygiene clinic. Clinics for the physically and mentally handicapped, municipal and private hospitals, federal services and Veterans Administration hospitals, community health centers and mobile dental centers are types of extra-mural facilities that may be utilized. It is expected that extra-mural experiences will supplement those in the dental hygiene clinic, and that they will be appropriately structured. Provisions should be made for orienting clinic personnel and students. Clinic procedures, instruction and evaluation should be consistent with the philosophy and objectives of the dental hygiene program. A member of the dental hygiene faculty should have responsibility for coordinating extra-mural clinical experiences and assessing their value in relation to the total program.

Offices of dental practitioners are not considered appropriate settings for providing clinical dental hygiene instruction and practice.

Field Experience: Field experience should be planned in conjunction with courses in dental health education and public health to allow students to participate in community and school dental health programs. These experiences should be planned, supervised and evaluated by dental hygiene faculty and agency personnel.

Experimentation: Curriculum experimentation, use of innovative instruction methods and conduct of educational research is encouraged. Dental hygiene programs are encouraged to make provisions for admitting students with advanced standing through use of reliable and valid measures of performance.

Experimentation designed to determine the feasibility of expanding dental hygienists' functions should be planned and conducted with the sanction and cooperation of the state board of dentistry, dental society and dental hygiene association. It is expected that the Council will be apprised of plans for, and results of, experimentation. Such experimentation should incorporate accepted standards of research design.

FACULTY

Policies of the parent institution should be reflected in standards for appointment, promotion and tenure of dental hygiene faculty.

It is recognized that active dental and dental hygiene practitioners can contribute significantly to the program. However, the nucleus of the faculty should be persons with a full-time career commitment to teaching.

Recruitment and Appointment: The dental hygiene program administrator should have major responsibility for recruitment of dental hygienists and dentist faculty members. Permanent faculty members should have academic appointments of the rank appropriate for their responsibility, experience and background. It is expected that the program administrator and majority of faculty will have full-time appointments. The administrator, and at least a nucleus of full-time faculty, should be appointed on a twelve-month basis to assure continued program development.

If the program administrator's full-time appointment includes responsibility for other related curriculums it is expected that appropriate authority and responsibility will be delegated to a dental hygiene faculty member who has a full-time appointment.

Dental hygiene faculty should have the same employment benefits, and opportunities for promotion and tenure, as other institution faculty. Competency in, and responsibility for, clinic instruction should be recognized in promotions and tenure.

Qualifications: Dental hygiene faculty members should have background in, and current knowledge of, dental hygiene and the specific subjects they are teaching. Faculty members' experience should include teaching, or completion of courses in education theory and practice. Individuals who do not have this background should be continuing their education in this area.

Faculty who provide clinical instruction should have recognized competence in dental hygiene procedures and clinical practice experience.

It is expected that the dental hygiene faculty will advance professionally through continuing education courses, conferences, institutes, meetings, and workshops.

Administrator: The program administrator may be either a dental hygienist or dentist. It is desirable that the administrator have previous experience in dental hygiene education and practice. It is

expected that a dentist administrator will have background in education and experience that is directly applicable to dental hygiene education.

Supervising Dentist: To comply with state dental practice acts, a licensed dentist must be available for consultation and management of emergencies during clinic sessions when patients are treated. The supervising dentist's appointment may be part-time and should be dependent upon the extent of his other commitments to the program. The responsibility of the supervising dentist may be shared by more than one individual. If the program administrator is a dentist, and acts as the supervising dentist it is expected that additional faculty will be appointed to compensate for time spent in meeting this commitment.

Number: The size of the dental hygiene faculty should be adequate to provide appropriate faculty-student ratios in preclinical, clinical, laboratory and classroom instruction sessions, with reasonable student-contact hour assignments.

It is expected that faculty will provide individual instruction during preclinical and clinical practice sessions to assure that students have an opportunity to develop competence in performing clinical procedures, and that patients receive appropriate care.

A faculty-student ratio of one to seven or eight is considered minimal for preclinical and clinical learning sessions. On the basis of experience a one to five or six ratio is suggested.

A faculty student ratio of one to fifteen is considered minimum for laboratory instruction in dental science courses such as tooth morphology and dental materials.

Responsibilities: It is expected that dental hygiene faculty will participate in student selection, curriculum development, and planning and coordinating academic courses and clinic instruction, in addition to teaching specific courses.

A dental hygienist member of the faculty should have responsibility for clinic administration, supervising patient assignment and scheduling students clinical assignments. Coordination and supervision of students' experiences in affiliated clinics and field experiences also should be the responsibility of a dental hygienist faculty member.

Personnel in Affiliated Clinics: It is expected that personnel who teach and supervise dental hygiene students in extra-mural clinics will have qualifications that are comparable to those of faculty

members who provide instruction in the dental hygiene program clinic.

ADMISSIONS

Admission of dental hygiene students should be based upon a specific program designed to select those students who have potential for completing the curriculum and meeting state and national board performance standards. Because no one index of scholastic aptitude provides completely accurate information on a student's ability, more than one index should be used in evaluating a student's potential.

A nationally standardized test of scholastic aptitude, high school performance records, and the Dental Hygiene Aptitude Test should be used in selecting students who are entering the program directly from high school. When college predental-hygiene study is required for admission, college performance records should be used in addition to scores on a standardized aptitude test and the Dental Hygiene Aptitude Test.

The Council encourages educational institutions to consider admission with advanced standing for students, when their performance on special qualifying examinations meet established achievement standards.

It is expected that the dental hygiene faculty, in cooperation with appropriate college personnel, will establish criteria for admission to the program. The dental hygiene program administrator should be assisted by an admissions committee and administrative personnel in implementing student selection and admission. The admissions committee should include dental hygiene faculty members and faculty members who represent bio-medical science departments and teach dental hygiene students. There should be representation from the dental school faculty or dental advisory committee on the admissions committee.

Dental hygiene student enrollment should be proportionate to facility and faculty resources. Student recruitment activities should assure an adequate pool of qualified applicants.

GUIDELINES FOR USE OF EXTENDED CAMPUS FACILITIES IN DENTAL HYGIENE EDUCATION

Although it is preferable and therefore recommended that the educational institution provide a dental hygiene clinic, in some circumstances the institution may contract for use of an existing facility that is readily accessible to the campus. When the institution contracts for use of a clinic facility it is essential that specific requirements for administration, faculty, equipment, patients and instruction be met. The contract may or may not include a financial commitment on the part of the college. It is expected that the following provisions will be included in the formal agreement between the educational institution and the agency or institution providing the clinic facility.

1. The clinic will be considered an extension of the campus, and the educational institution and the dental hygiene program administrator will retain administrative authority and responsibility for instruction.

2. All dental hygiene students will receive instruction in the same facility.

3. Policies and procedures for operation of the clinic will be consistent with the philosophy of the dental hygiene program.

4. Policies of the agency or institution providing the facility will allow students to gain experience with patients of all ages and types, and the dental hygiene program administrator and faculty will retain authority for determining the numbers and types of patients assigned to students.

5. The facility will meet standards for capacity, space, equipment and maintenance as stated in the facilities section of the "Guidelines for Interpretation of Requirements for an Accredited Program in Dental Hygiene Education".

6. Clinical instruction will be the responsibility of a full-time dental hygiene program faculty member. Teaching personnel provided by the agency or institution will have appointments in the dental hygiene program and will possess qualifications specified in

the faculty section of the "Guidelines for Interpretation of Requirements for an Accredited Program in Dental Hygiene Education".

7. Faculty-student ratios for instruction and practice sessions will meet the standards outlined in "Guidelines for Interpretation of Requirements for an Accredited Program in Dental Hygiene Education".

8. The availability of the facility will accommodate scheduling needs of the dental hygiene program, and the dental hygiene faculty will have authority for scheduling.

9. In-service programs will be provided on a regular basis to orient personnel in the clinic facility, and coordinate student instruction and evaluation.

10. Two years notice shall be given by either party to terminate the contract unless a shorter period is agreed to by both parties.

ACCREDITATION TERMINOLOGY AND CLASSIFICATIONS

Accreditation Eligible*: An accreditation classification granted to provide evidence to an educational institution, a licensing body, the federal government or other granting agency that, at the time of evaluation, a developing dental or dental hygiene education program meets the standards set forth in the Requirements for an Accredited School of Dentistry or the Requirements for an Accredited Program in Dental Hygiene Education. In all instances an "Accreditation Eligible" statement for a dental school must be based upon a site visit evaluation.

Developing dental hygiene schools may obtain an "Accreditation Eligible" statement based on the evaluation of an institutionally prepared prospectus or completion of the Council survey manual. Site visits will be made to those programs in which there appears to be questions regarding compliance with Council standards.

Unannounced Provisional Approval: An accreditation classification applying to all programs under Council purview in which weaknesses in one or more areas of the program are identified but deemed correctable in a reasonable length of time. Ordinarily, the Council considers this "length of time" as a period not exceeding two years. At the end of this period, and upon receipt of a progress report, the Council may elect either to accept the progress report or arrange a special revaluation. When this classification has expired and depending on Council findings, the program may be granted an accreditation classification of "approval" or as an alternative may be placed on "provisional approval".

Provisional Approval: A classification of accreditation granted to an educational program which meets the minimum standards of the Council but which has serious weaknesses in one or more areas th t will, if not corrected, result in withdrawal of accreditation. This classification is used for all programs under Council purview and is considered adequate to meet the requirements of licensure and certifying boards.

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*Council policy states that all dental hygiene programs must attain "Accreditation Eligible" status prior to enrolling the first class of students.

Approval: Accreditation classification to indicate that an educational program meets, or exceeds, the minimum requirements of the Council on Dental Education. This classification is utilized for all education programs under the Council purview.

Approved by the Council on Dental Education, American Dental Association, December, 1970

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